



IF YOU WISH TO WITHDRAW (CANCEL) THE APPEAL(S), PLEASE COMPLETE THE INFORMATION BELOW, SIGN, DATE AND RETURN TO:

*Clerk to Board of Supervisors
Hall of Records, Rm 301
2281 Tulare
Fresno, CA 93721
OR
Fax (559) 488-1878*

Please accept this as my authorization to withdraw my application(s) for Equalization Hearing on:

Assessor's Parcel Number(s): _____

Application No(s): _____

Name of Applicant: _____

Hearing Date (if applicable) _____

(Signature)

(Date)